

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

FORM

DUE DATE FEBRUARY 12, 1998

FI-6700

## 1997 ECONOMIC CENSUS MISCELLANEOUS FINANCIAL INVESTMENT ACTIVITIES

OMB No. 0607-0834: Approval Expires 12/31/99

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS

BUREAU OF THE CENSUS 1201 East 10th Street Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

FI-6700

1–800–233–6136												
in	ease read the accompanying structions before answering te questions.											
	Census use											
	this questionnaire to answer the	e questions and seen only by Ce	tle 13, United Sta return the report nsus Bureau emp	tes Code, requires businesses and other organizations that receive to the Census Bureau. By the same law, <b>YOUR CENSUS REPORT</b> loyees and may be used only for statistical purposes. Further, copies								
	If this questionnaire does not se should fulfill your reporting requ	em to apply to y uirements and w	our business, coi ill reduce followu	plete it to the extent possible an correspondence.	d explain in REMA	ARKS sec	ction – th	nis				
ls t lab	m 1. EMPLOYER IDENTIFICATION  he Employer Identification Number  let he same as the one used for  est 1997 Employer's Quarterly  asury Form 941?	ımber (EIN) sho or this establis	HOW TO REPORT DOLLAR FIGURES  Dollar figures sto thousands of thousand	figure	lions (000)	Thou- sands (000) 126	Dol- lars (000)					
	094 1 ☐ Yes 2 ☐ No – <i>Rej</i>	port current EIN	below	Item 4. DOLLAR VOLUME C	F Bil.	Mil.	Thou.	Dol.				
	(O din			REVENUE	010	i						
••	(9 digi	ITS)		Revenue in 1997		1	 					
	m 2. PHYSICAL LOCATION  Is this establishment's physic	al location the	same as	Item 5. PAYROLL		Mil.	Thou.	Dol.				
	the address shown in the labe addresses are not physical locati	el? (P.O. box an	d rural route			030						
		port physical lo	ation below	Payroll in 1997, BEFORE D		1						
		, ,		a. Annual								
	Number and street			b. First quarter (January-M	larch)	031	 					
	City, town, village, etc.	State	ZIP Code	Item 6. EMPLOYMENT	032	Number						
				Number of paid employees	for pay	002						
b.	ls this establishment physical boundaries of the city, town,	lly located insi village, etc.?	de the legal	period including March 12, 1997								
	095 1 Yes 2 No 3	No legal	(Include both full- and part-time employees)									
		boundaries	Do not know	Item 7. LEGAL FORM OF O	RGANIZATION							
c.	In what type of municipality i physically located?	is this establis	Mark (X) the <b>ONE</b> box which best describes this establishment									
				during 1997.								
	096 1 ☐ City, village, or borou	igh	oog 1 Individual proprietorship									
	3 Other – Specify			003 1  Individual proprietorship 2 Partnership								
	4 Do not know			5 Government - Specify								
d.	In what county (e.g., Dade Cou	ntv) is this esta	0 Corporation									
	physically located?	,,		0 Trust or foundation								
				0 Subchapter "S" corporation								
	• OPERATIONAL OTATUO		9 Other – Specify									
	m 3. OPERATIONAL STATUS  How many months during 199	00	Number of month 2									
b.	Which of the following best d status at the end of 1997? Ma Note: Complete the remainder of operated even if the establishme on 1 In operation 2 Temporarily or seaso 3 Ceased operation - G 4 Sold or leased to anoth date at right AND ente.  Name of new owner or operato  Number and street	escribes this eark (X) only ONE of this report for ont ceased opera mally inactive dive date at right oner operator – Gir on name, etc., belo	CONTINUE WITH ITEM 8 ON PAGE 2									

Item 8. KIND OF BUSINESS OR ACTIVITY What was this establishment's PRINCIPAL kind of business or activity in 1997?  Mark (X) only ONE box.		Item 9. SOURCES OF RI Report sources of rever dollar figures or as who HOW TO REPORT DOLLA! REPORT PERCENTS, belower	nue fo ole pe	r this e rcents RES on	of tota page 1	I reven	ue. (Se W TO	e
Holding companies						l	I	
Office of bank holding company, <b>not</b> engaged in management of held company(ies)	6712001	HOW TO REPORT			Mil.	Thou.	Dol.	Per- cent
Office of holding company (except bank), <b>not</b> engaged in direct management of held		PERCENTS  • Report w  Not accept		ercents-			<b></b>	<b>39</b> 38.76
company(ies)	6719001	Sources of revenue	Cen-	ESTIMATES are acceptable. Report dollars OR percents.				
Office of holding company, primarily engaged in providing direct management and/or administrative support services to held company(ies)	7777771		sus use		Mil.	Thou.	Dol.	Per- cent
Office of holding company, primarily engaged in day-to-day operations of held company(ies) –  Describe kind of business operated or managed	☐ 7777772	1. Royalty income	850	851	 	 	 	852
Describe kind of business operated of managed		a. Oil and petroleum b. Patent leasing and	0411		 	 	 	
Trusts/funds/plans		licensing  c. Franchise selling	0412		 	i I		
Administrator of private estate	6733011	and licensing	0413		 	ļ ļ		
Trustee in bankruptcy	6733012 6733021 6733031	<b>d.</b> Copyright leasing and licensing (include music and publishing)	0414		       	         	 	
investments and other assets of individuals	6733033	e. All other	0419		 	   	 	
Trust/foundation primarily engaged in day-to-day operations of a business – Specify kind of business	□ 7777773	f. Sum of lines 1a through 1e	0410		 	 		
		2. Interest income	0210		 	[ [	 	
Health or welfare fund	<u>6371122</u>	3. Dividend income	0400		 	 	 	
Pension fund	6371111 6371121	4. Gains (losses) from assets sold or traded (including sale of real property owned by			     	 	 	
Philanthropic trust or foundation (i.e., independent, corporate, community, or auxiliary) making grants but <b>not</b> directly providing services.  Real estate investment trust (equity or hybrid REIT)	6732001 6798011 6798021	this establishment)  5. Net investment income (exclude interest and dividends, which	0490		         	 	 	
Other activities		should be reported on lines 2 and 3)	0500		l L	 	<u> </u>	
Venture capital company	6799011 6799021 6799031	6. Gross rents of real property owned by this establishment	1300		     	 	   	
Oil royalty trader, investing on own account Oil royalty company	6792011 6792021	7. Asset/portfolio management fees	0520		 	 		
Record producer (contracting with musical artists and arranging/ financing the production of original master recordings).	8999931	8. Income from fiduciary (trust, custody, and escrow) activities	0510		   	 		
Music publishing (except sheet music and music books), engaged in the acquisition and registration		9. Other revenue – Specify 076			   	[ [ [	 	
of the copyright in musical compositions	2741021				 	[ [ [	 	
Music book publisher	2731101				 	[ [ [	 	
Artist, inventor, designer, etc., receiving royalties for copyrighted works – <i>Describe type of works</i>			9810		l I	l T	1	
copyrighted	<u> </u>	10. TOTAL (Should equal item 4 if reporting in dollars)	9990		 	 	     	100%
Copyright leasing and licensing	6794003	Item 10. SPECIAL INQU	IRIES					
Patent leasing/licensing of products designed or invented by other companies	6794002	EXPORTED SERVICES  NOTE - An exported service	e is a se	ervice pe	rformed	for a cu	stomer o	or
Patent leasing/licensing of products designed or invented by this company – <i>Describe products</i>	7777775	client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia U.S. Commonwealth Territories, or U.S. possessions). Services perform for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.						
Franchise selling and licensing	6794001 6799041	Did the revenue reported include any amounts rece exported services?						
Securities speculator for own account Other investor for own account	☐ 6799042 ☐ 6799043					Mil.	Thou.	Dol.
Other kind of business or activity – Describe	7777777	970 1 Yes – Amount 2 No			<b></b>	971	         	         

orm FI-6700											Page 3			
f not shown, please e rom the address labe		-digit Census	File Number		Census File Numbe	er								
tem 11. OWNERSHIP	, CONTROL, AI	ND LOCATIONS	OF OPERATION	Ite		IIP, CON	ITROL, AND	LOCATIO	NS OF	OPERA	TION –			
<ul> <li>a. Is the FIRST DIGIT of your Census File Number (CFN) (shown in the address label immediately after CFN) a zero?</li> <li>1 Yes - Complete this item</li> <li>2 No - Skip to item 12</li> </ul>				d. How many establishments operated under Number										
					the Employer Identification Numbershown in the label (or as corrected					079				
				AT THE END of 1997?  If more than one, provide the <b>physical location</b> address and other information indicated below for each establishment. The headquarters location should be first, followed by all other										
b. Is this company	Is this company owned or Enter name, address, and EIN of the owning or controlling company				locations. If more reformat in REMARK	S or on	a separate s	sheet of p	aper.					
owned or controlled by another company?	owning or co	ntrolling compa	ally	Н	Name	eptabl	<b>e</b> if book fig	1997	not ava Mil.	Thou.	Dol.			
another company:								D	081	!				
					Number and street			Revenue Annual	082	1				
				1	City	State	ZIP Code	payroll		<u> </u>				
097 1 ☐ Yes → 2 ☐ No					Kind-of-business de	escriptio	l on	Paid period	emplo includ	yees for ding Ma	rch 12			
								083						
	EIN (9 digits)							Census	s <sup>088</sup>					
c. Does this company own or control any		address, and Ell ntrolled compar			Name			<b>use</b> 1997	Mil.	Thou. Dol.				
other company or companies?			•						081	11100.				
					Number and street			Revenue	082	1				
					City	State	ZIP Code	Annual payroll		1				
098 1 ☐ Yes → 2 ☐ No				2	Kind-of-business de	escriptio	) n	Paid period	emplo includ	yees for	pay rch 12			
2 🗀 NO								083						
								Census	088					
	EIN (9 digits)							use						
em 12. CERTIFICATI	ON – This repo	ort is substantia			en prepared in acco									
eriod covered y this report	Mo.   M:	Year TO:	Mo.   Year	Naı	me of person to cor	ntact reg	arding this	report – I	Print o	r type				
elephone Area co	ode Num	ber	Extension	Titl	e									
Signature of authorized	person		<u>'</u>					Date						